

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2734

State File No.

911

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.					
1. PLACE OF DEATH a. CITY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION 7627 Water St.				d. STREET ADDRESS (If rural, give location) 7627 Water							
3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) ----- c. (Last) Lincoln				4. DATE OF DEATH (Month) (Day) (Year) January 27 1950							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 8, 1861					
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY U S A					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----							
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY U S A							
13a. FATHER'S NAME William Williams				13b. MOTHER'S MAIDEN NAME Sarah Taffender							
14. NAME OF HUSBAND OR WIFE Charles				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give year or dates of service) no							
16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME John Williams ADDRESS 7627 Water St.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Arteriosclerosis DUE TO (c) Malnutrition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 min 10 yrs 3 mo			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. HOW DID INJURY OCCUR?							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)							
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334 X				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 1.15 P							
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Oct 4 , 19 49 , to Jan 27 , 19 50 , that I last saw the deceased alive on Jan 27 , 19 50 , and that death occurred at 1.15 P , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) Michael L. Bartnick M. B. U							
23b. ADDRESS 7629 S. Broadway				23c. DATE SIGNED 1/27/50							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Jan. 30, 1950							
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery				24d. LOCATION (City, town, or county) (State) 1300 Lemay Ferry Rd.							
DATE REC'D BY LOCAL REG. JAN 29 1950				REGISTRAR'S SIGNATURE J. B. Hunter							
FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.				ADDRESS 7811 S. Broadway							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Harry Schumacher

Licensed Embalmer No.

2679

P. O. Address

7874 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.